

HERSHKOVITZ & ASSOCIATES 2845 DUKE STREET ALEXANDRIA, VA 22314 703-370-4800

In re application of

: Irena HORSKA

Docket No.: P48275

Application No.

: 10/582,981

Group Art Unit: Not Known

Filed

: June 15, 2006

Examiner: Not Known

For : AGENT FOR SUBSTITUTION OF BLOOD PLASMA AND A METHOD OF ITS PRODUCTION

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an **EXECUTED DECLARATION** and **IDS** in the above-captioned application.

X Form PTO-1449

X Copies of references cited

The fee has been calculated as shown below:

Claims After	No. of Claims	Present			Large Entity	
Amendment	Previously Paid	Extra				
			Rate	Fee	Rate	Fee
*Total Claims:	20	0	x 25=	\$	x 50=	\$
**Indep. Claims:	3	0	x 100=	\$	x 200=	\$
Multiple Dependent Claims Presented			+180=	\$	+360=	\$
Extension Fees for Month				\$		\$
Surcharge				\$ 65		\$.
IDS Fee						
			Total:	\$ 65	Total:	\$

^{*} If less than 20, write 20

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August 30, 2006

Date

Abraham Hershkovitz Reg. No. 45,294

^{**}If less than 3, write 3